PAYR	D.O. VOUCHER	NUMBE	К	BUREAU VOI	JCHER NO.	PAGE NO.			
DEPARTMENT OR	ERTIFICATION AND SUMMARY ESTABLISHMENT						PAID BY		
BUREAU, DIVISION	I OR OFFICE					-			
LOCATION						-			
PERIOD OF THIS R	(O)   (From - To)					-			
							(For use of paying officer)		
	THORITY VESTED IN ME, I CERTIF IENT FUNDS ARE AVAILABLE TO C					RECT AND PRO BELOW.	PER FOR PA	AYMENT	
	YROLL CERTIFYING OFFICER (Arm)					FICER (Sign origina	ul only)		
DATE	OFFICIAL TITLE		DATE		OFFICIAL TITI	LE			
	PART I - PAY	ROLL SUMMAR	RY				AMOUNT		
NET PAYMENTS TO	O EMPLOYEES (As per attached lists)					\$			
PAYROLL DEDUCTIONS ACCOUNTING CLASSIFICATION CIVIL SERVICE									
RETIREMENT FEDERAL INSU									
CONTRIBUTIONS ACT FEDERAL WITHHOLDING									
TAX HEALTH									
BENEFITS  GROUP LIFE									
INSURANCE STATE OR TER	RITORIAI								
TAX  UNITED STATES									
SAVINGS BONDS  UNION									
DUES									
CHARITABLE CONTRIBUTIONS									
SAVINGS ACCOUNTS									
OTHER (Itemize)									
PAYROLL TOTAL						\$	\$		
EMPLOYER CONTRIBUTIONS RETIREMENT FUND									
FICA									
HEALTH BENEFITS									
FEGLI									
GROSS APPROPRIATIONS CHARGES						\$	\$		
	PA	ART II - ACCOUN	NTING CLASSIFIC	CATIO	N				
APPROPRIATION	SUBSIDIARY ACCOUNTING	OBJECT	OBJECT OBJECT	IUOMA	NTS			PRIATION	
SYMBOL	CLASSIFICATION	11	12				AMOUNT		